DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES

DEC 1 5 2011

PRINTED: 11/30/2011 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER LAUGHLIN HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OF IT HE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OF IT HE APPROPRIATE DEFICIENCY) K 052 NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. This STANDARD is not met as evidenced by: Based on observation and interview, the facility falled to provide a complete smoke detection system. Findings include: Observation and interview with the Maintenance Director, on November 29, 2011 at 10:15 a.m. confirmed the facility failed to have smoke detectors re-installed after ceiling tiles were changed out.	JRVEY TED
LAUGHLIN HEALTH CARE CENTER SIMMARY STATEMENT OF DEFICIENCIES (X.4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K 052 SS=D K 1052 NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a complete smoke detection system. Findings include: Observation and interview with the Maintenance Director, on November 29, 2011 at 10:15 a.m. confirmed the facility failed to have smoke detectors re-installed after ceiling tiles were detectors and texting proximately no more than two days to complete. The facility maintenance supervisor and the Administrator shall inspect the front entry hallway, proximately no more than two days to complete.	0/2044
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) K 052 SS=D NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 POC: This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a complete smoke detection system. Findings include: Observation and interview with the Maintenance Director, on November 29, 2011 at 10:15 a.m. confirmed the facility failed to have smoke detectors re-installed after ceiling tiles were	3/2011
K 052 SS=D NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a complete smoke detection system. Findings include: Observation and interview with the Maintenance Director, on November 29, 2011 at 10:15 a.m. confirmed the facility failed to have smoke detectors re-installed after ceiling tiles were	(X5) COMPLETION DATE
 No residents have the potential to be affected by this citation. The proposal for the addition of 2 smoke detectors in the front entry hallway, Purchase Order 85941, has been received and approved on December 5, 2011. The company performing the work will be Audio Visual Communications, Inc., and the Estimate #E103 is for labor/installation of quantity 2 System Sensor 2WTR-B Smoke Detectors. The date to install is scheduled for Monday, December 19, 2011, and will take approximately no more than two days to complete. The facility maintenance supervisor and the Administrator shall inspect the front entry hallway for timely completion and compliance. 	
N 062 NEDA 404 LIEE CAEETY 600-	21 2011
K 062 SS=D Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 NFPA 101 K 062 LIFE SAFETY CODE STANDARD REQUIREMENT: Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	21, 2011
This STANDARD is not met as evidenced by: Based on observation and interview, the facility PRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE THE	

LABC

TITLE

(X6) DATE

- B. B. A.

NUNSING HIME ADMINSTRATION

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CENTE	ERS FOR MEDICARE	& MEDICAID SERVICES	ni	C 1	5 2011		APPROVED . 0938-0391
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE	CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE S	URVEY
		445264	B. WING		40.00	11/2	9/2011
NAME OF	PROVIDER OR SUPPLIER		ST	REET	ADDRESS, CITY, STATE, ZIP CODE		3/2011
LAUGH	LIN HEALTH CARE CE	NTER	100 m	801 E	MCKEE ST ENEVILLE, TN 37743		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
t () () () () () () () () () (Continued From page failed to assure spri (6) feet apart (NFPA). The findings include Observation and into Director, on Novemble confirmed two (2) spring by room 126 were for NFPA 101 LIFE SAF. Smoking regulations less than the following (1) Smoking is prohibit compartment where combustible gases, or and in any other hazarea is posted with sign or with the internation (2) Smoking by patient responsible is prohibit direct supervision. (3) Ashtrays of noncoordesign are provided in permitted. (4) Metal containers we devices into which ast readily available to all permitted. 19.7.4	ge 1 nkler heads were at least six 13, 5-6.3.4) : erview with the Maintenance per 28, 2011 at 10:15 a.m. prinkler heads in the corridor pur (4) feet apart. ETY CODE STANDARD are adopted and include noting provisions: bited in any room, ward, or flammable liquids, or oxygen is used or stored ardous location, and such gns that read NO SMOKING hal symbol for no smoking. Into classified as not ted, except when under mbustible material and safe in all areas where smoking is with self-closing cover intrays can be emptied are areas where smoking is	K 062	3. NFP LIFE REQ adopt provi: (1) \$\frac{3}{2}\$ (2) \$\frac{3}{2}\$ (3) \$\frac{4}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (6) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (6) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (6) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (6) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (6) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (6) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (6) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (6) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (6) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (1) \$\frac{1}{2}\$ (2) \$\frac{1}{2}\$ (3) \$\frac{1}{2}\$ (4) \$\frac{1}{2}\$ (5) \$\frac{1}{2}\$ (7) \$\frac{1}{2}\$ (8) \$\frac{1}{2}\$ (9) \$\frac{1}{2}\$ (9	Continued from page survey as being affected in this cit No residents have the potential to this citation. On December 12, 2011, East Ten Sprinkler Company relocated one sprinkler heads in the corridor by were four feet apart, so that now is sprinkler heads are seven feet aparthe facility maintenance supervisinspect the sprinkler heads in the compliance. A 101 K 066 C SAFETY CODE STANDARD UIREMENT: Smoking regulations and include no less than the foresions: Smoking is prohibited in any room compartment where flammable lique to sions: Smoking is prohibited in any room compartment where flammable lique to sions: Smoking is prohibited in any room compartment where flammable lique to sions: Smoking is prohibited in any room compartment where flammable lique to sing it is prohibited, and in any other hazardous location are as posted with signs that read SMOKING or with the internation for no smoking. Smoking by patients classified as responsible is prohibited, except where the supervision. Ashtrays of noncombustible mater design are provided in all areas where the supervision which ashtrays can be eadily available to all areas where the emitted. Metal containers with self-closing evices into which ashtrays can be eadily available to all areas where the emitted.	I of 4 tation. be affected by messee of the two room 126 that he two rt. or shall corridors for December ons are llowing n, ward, or uids, ssed or stored n, and such NO al symbol hen under ial and safe ere smoking cover emptied are smoking is d in the tion.	
[Based on observation	ot met as evidenced by: and interview, the facility		3. A	a metal container with a self-closinevice (Smokers Station #R1639El Continue to page 3 of 4	IGR by	
л CMS-2567((02-99) Previous Versions Obs	olete Event ID: HZK621	Facilit	y ID: TN	N3003 If conti	nuation sheet F	age 2 of 4

FORM APPROVED

PRINTED: 11/30/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES DEC 1 5 2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445264 11/29/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LAUGHLIN HEALTH CARE CENTER 801 E MCKEE ST GREENEVILLE, TN 37743 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued from page 2 of 4 K 066 Continued From page 2 Rubbermade) was ordered from Janpak on K 066 Monday, December 12, 2011, and should be failed to assure smoking areas were provided placed in the West Dining Room as soon as it with metal containers with self-closing cover arrives on approximately December 21, 2011. devices (NFPA 101, 19.7.4 (4)). The facility maintenance supervisor and The findings include: Administrator shall inspect the smoking areas for Observation and interview with the Maintenance installation of metal container and compliance. Director, on November 29, 2011 at 10:15 a.m. confirmed the west dining room smoking area December 28, 2011 was not provided with metal containers with NFPA 101 K 072 self-closing cover devices. LIFE SAFETY CODE STANDARD K 072 NFPA 101 LIFE SAFETY CODE STANDARD K 072 SS=D REQUIREMENT: Means of egress are Means of egress are continuously maintained free continuously maintained free of all obstructions or of all obstructions or impediments to full instant impediments to full instant use in the case of fire or use in the case of fire or other emergency. No other emergency. No furnishings, decorations, or furnishings, decorations, or other objects obstruct other objects obstruct exits, access to, egress from, exits, access to, egress from, or visibility of exits. or visibility of exits. 7.1.10 7.1.10 POC: No residents were directly identified in the 1. survey as being affected in this citation. No residents have the potential to be affected by this citation. This STANDARD is not met as evidenced by: 3. The service hall corridor had boxes of holiday Based on observation and interview, the facility decorations along 54-feet of the egress corridor failed to assure that corridors in the means of that had been brought over from storage on egress were maintained clear of all obstructions Monday, November 28, 2011 and were removed to another location by 11:30 am on November 29, (NFPA 101-7.1.10.2.1.) 2011, before the exit meeting with the surveyor. The findings include: The Activities and Environmental Services staff Observation and interview with the Maintenance will be in-serviced on Wednesday, December 14, Director, on November 28, 2011 from 7:15 p.m. 2011 on assuring the corridors in the means of through November 29, 2011 at 10:00 a.m. egress are maintained clear of all obstructions. confirmed the service hall corridor had boxes of The corridors in the means of egress will be

corridor.

K 147

SS=D

holiday decorations along 54-feet of the egress

NFPA 101 LIFE SAFETY CODE STANDARD

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

NFPA 101 K 147

K 147

monitored by the Administrator and

Environmental Services Supervisor.

LIFE SAFETY CODE STANDARD

REQUIREMENT: Electrical wiring and

Continued to page 4 of 4

December 14, 2011

The second secon		AND HUMAN SERVICES		DFC ·	1 5 2011	FORM	APPROVED . 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M		CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE S COMPLE	URVEY
		445264	B. WIN	IG		11/2	9/2011
	PROVIDER OR SUPPLIER	NTCD	•		T ADDRESS, CITY, STATE, ZIP CODE E MCKEE ST		
LAUGHL	IN HEALTH CARE CE	:NIEK		GRE	ENEVILLE, TN 37743		
(X4) ID PREFIX TAG				х .	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 147	Continued From pa	ge 3	K 1	47equi Elec	Continued from page 3 pment is in accordance with NFPA 70 trical Code. 9.1.2	of 4), National	
	Based on observati failed to assure elect through doorways. The findings include Observation and into Director, on November confirmed a power of	berview with the Maintenance ber 29, 2011 at 8:30 am cord from a computer in the is run through the doorway to		POO 1. 2. 3.	No residents were directly identified survey as being affected in this citati No residents have the potential to be this citation. The computer in the East dining roor power cord run through the doorway Supervisor's office was disconnected computer was temporarily removed that a new electrical outlet was instawall for the computer on Tuesday, D 2011. The maintenance supervisor and Admill monitor for compliance.	on. affected by n that had a to the East d and the from service, alled on the eccember 6,	